



Applicant Name
Mailing Address City / Zip
Name of Airport or Restricted Landing Area
Address City / Zip
Division Rules and Regulations to be Waived
Description and Reason for Requesting Waiver (if a drawing is necessary, use reverse side)

Signature of Applicant

Above checked and found to be accurate

Flight Safety Coordinator

Approval Recommended

Bureau Chief

Approval

Director

Return completed form to:

Illinois Department of Transportation, Division of Aeronautics, 1 Langhorne Bond Drive, Capital Airport, Springfield, Illinois 62707-8415

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Paragraph 42 of the Illinois Aeronautics Act. Disclosure of this information is **VOLUNTARY**; however, failure to comply may result in this form not being processed. This form has been approved by the State Forms Management Center.